

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

May 22, 2024

[REDACTED], PERSONAL CARE ADMIN
ST STEPHENS LIVING CENTER LLC
1075 CHESTNUT STREET
NANTY GLO, PA, 15943

RE: ST. STEPHEN'S LIVING CENTER
1075 CHESTNUT STREET
NANTY GLO, PA, 15943
LICENSE/COC#: 32736

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ST. STEPHEN'S LIVING CENTER* License #: *32736* License Expiration: *04/20/2025*
 Address: *1075 CHESTNUT STREET, NANTY GLO, PA 15943*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ST STEPHENS LIVING CENTER LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/22/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/30/2024*

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *44* Residents Served: *14*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/30/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/18/2024*

05/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/21/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2024*

Inspections / Reviews *(continued)*

05/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/28/2024

05/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A had a Pennsylvania State Police criminal record check requested on [redacted] that read "requests still pending for control."

Staff person B had a Pennsylvania State Police criminal record check requested on [redacted] that read "requests still pending for control."

No additional follow-up was done after the initial criminal record checks were requested.

Plan of Correction

Accept [redacted] - 05/21/2024)

The Administrator acknowledges the importance of criminal background checks on new employees in regard to regulation 2600.51. On the day of the inspection, the administrator was able to download the result of the Pennsylvania criminal record check for staff member A. No results could be found for staff member B, and the administrator audited recent and present employee records to see if paperwork may have been misfiled. The criminal record check results could not be found. A Pennsylvania State Police criminal record check was resubmitted on 05/02/2024 with request pending for control. Upon receipt of the results of the background check they will be submitted to the department. Going forward, the administrator will ensure the criminal background checks are done and timely follow-ups will be completed if necessary. The administrator and/or designee will monitor for compliance. On 05/01/2024 the administrator audited all staff records and added employee 1's criminal background check to [redacted] file. The criminal background check for employee #2 was received on [redacted] and is now present in [redacted] file. Staff records will be audited monthly to ensure clearances are present and up to date by the administrator and/or designee. An audit sheet will be signed by the administrator or designee after staff records are audited.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented ([redacted] - 05/22/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpet and flooring in rooms #1, 10, 12 and the carpet in the stairway and foyer is dirty with dust and debris and in need of cleaning.

Plan of Correction

Accept [redacted] - 05/21/2024)

The carpet and flooring in rooms #1, 10, 12 and the carpet in the stairway and foyer were cleaned on the day of the inspection by Direct Care Staff person. Direct Care Staff were in-serviced on 05/01/2024 in regard to regulation 2600.88.a by the administrator. A cleaning schedule has been implemented with an audit sheet created for staff to sign off when cleaning is completed. Rooms will be checked on a daily basis with rooms and foyer cleaned weekly and as needed. The administrator and/or designee will monitor for compliance. The cleaning schedule was started on 05/05/2024. Rooms are checked daily for cleanliness by the

88a Surfaces (continued)

administrator or designee, and an audit sheet is signed.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented () - 05/22/2024)

101j3 - Bed/Linens/Pillows/Blankets

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The sheets on the following beds were visibly dirty and stained: Bed C in room #5, Bed B in room #10, bed A in room #11 and bed A in room #12.

Plan of Correction

Accept () - 05/21/2024)

The sheets in Bed C in room #5, Bed B in room #10, Bed A in room #11, and Bed A in room #12 were changed on the day of the inspection by Direct Care Staff person. Direct Care Staff were in serviced on 05/01/2024 in regard to regulation 2600.101j3 by the administrator. Linens will be changed weekly following the cleaning schedule that has been implemented. Rooms will be checked on a daily basis and linens that look visibly stained and dirty will be changed as needed. The administrator and/or designee will monitor for compliance. The cleaning schedule was started on 05/05/2024. Daily room checks are being done by the administrator or designee and linens in need of changing are replaced. An audit sheet is then signed by the administrator or designee.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented () - 05/22/2024)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was a plastic bag containing a large piece of meat which was not dated and not labeled in the Frigidaire Freezer located across from the kitchen.

Plan of Correction

Accept () - 05/21/2024)

The unlabeled and undated meat found in the Frigidaire Freezer was discarded on the day of the inspection by the administrator. Direct Care Staff were in serviced in regard to regulation 103.e on 05/01/2024 by the administrator. All refrigerators and freezers will be checked on a daily basis to ensure leftover foods are labeled and dated. An audit sheet has been implemented for staff to sign when checking is completed. The administrator and/or designee will monitor for compliance. Refrigerator/freezer checks began on 05/01/2024. The audit sheet was implemented and started on 05/05/2024. The administrator or designee will monitor the audit sheets daily and check the refrigerators/freezers weekly to monitor for compliance.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented () - 05/22/2024)

125b - Combustible Restrictions

5. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

There was a can of gasoline stored on the deck outside of the dining room which was accessible to residents.

Plan of Correction

Accept (█) - 05/21/2024)

On the day of the inspection the can of gasoline was removed from the deck and placed where it is inaccessible to residents by Direct Care Staff person. Direct Care Staff were in-serviced in regard to regulation 125.b on 05/01/2024 by the administrator. The deck will be checked regularly by the administrator or designee to ensure that there are no combustible materials accessible to the residents. The administrator and/or designee will monitor for compliance. Daily checks of the deck began on 05/20/2024. The deck will be checked on a daily basis by the administrator or designee to ensure there will be no combustible materials accessible to residents.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented (█) - 05/22/2024)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent sleeping hours fire drills were conducted on 12/10/23 at 4:19 AM and 9/30/23 at 7:01 AM.

Plan of Correction

Accept (█) - 05/21/2024)

Direct Care Staff were in-serviced on 05/01/2024 in regard to regulation 132e by the administrator. A night time fire drill has been scheduled for 05/20/2024. Going forward a night time fire drill will be held between the sleeping hours of 11:00 pm and 7:00 am. The administrator and/or designee will monitor for compliance. The administrator performed the sleeping hours fire drill on 05/20/2024 at 5:40 am and recorded the drill on the Fire Drill Record log. The administrator or designee will monitor the fire drill log monthly at each monthly drill to ensure the next sleeping hours fire drill is held between the sleeping hours of 11:00 pm and 7:00 am and within the 6 month time frame.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented (█) - 05/22/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed a titrating script of █. Resident #1 was administered a 1 tablet dose on an unknown date evidenced by the incorrect blister pill pack being empty, when the order called for a 4 tablet does on this date.

Plan of Correction

Accept (█) - 05/21/2024)

On the day of the inspection, the PCP and guardian of Resident #1 were notified that the directions of the

187d - Follow Prescriber's Orders (continued)

prescriber were not followed. Resident #1's PCP sent us a clarification and order how to proceed with the titrating script of prednisone. Medication Trained DCS were in-serviced on 05/01/2024 in regard to regulation 187.d by the administrator. Going forward, when a titrating script of a medication is ordered, the medication will be monitored by each time a dose is to be dispensed to ensure the directions of the prescriber is followed. The administrator/medication trainer will monitor for compliance. The titrating dose of prednisone for Resident #1 was monitored at each administration starting on 04/30/2024. The monitoring of this medication was continued at each bedtime administration until Resident #1 moved from the home to another facility on 05/06/2024. During the time that Resident #1 was present in the home, the administrator monitored the blister pack daily to verify the the directions of the prescriber were being followed.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented (████ **- 05/22/2024)**